



KENTUCKY UNIFORM POLICE TRAFFIC COLLISION SUPPLEMENTAL REPORT

INVESTIGATING AGENCY		AGENCY ORI NUMBER		LOCAL CODE		COLLISION DATE		ROADWAY NAME/ROADWAY #	
UNIT #		TOWED <input type="checkbox"/> Y <input type="checkbox"/> N	REMOVED TO:		# OCCUPANTS		MASTER FILE NUMBER		
OPERATOR'S LIC. NO.		STATE KY <input type="checkbox"/>		PEDESTRIAN FACTORS					
OPERATOR'S LICENSE RESTRICTIONS <input type="checkbox"/> Y <input type="checkbox"/> N		COMP <input type="checkbox"/> Y <input type="checkbox"/> N	CO. RES. <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> PHYSICAL IMPAIRMENT					
1 2 3 4 5 6 7 8		CDL <input type="checkbox"/> Y <input type="checkbox"/> N	OWNER <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> AT INTERSECTION <input type="checkbox"/> GETTING ON/OFF VEHICLE <input type="checkbox"/> PLAYING IN ROADWAY					
OPERATOR LAST NAME		FIRST NAME	M.I.	<input type="checkbox"/> CROSSING AGAINST SIGNAL <input type="checkbox"/> IN CROSSWALK <input type="checkbox"/> PUSHING VEHICLE					
DATE OF BIRTH		STREET NUMBER AND NAME		CITY		STATE		ZIP CODE	
INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP		DATE OF BIRTH		DATE OF DEATH		14		15	
NAME		NAME		NAME		NAME		NAME	
ADDRESS		ADDRESS		ADDRESS		ADDRESS		ADDRESS	
NAME		NAME		NAME		NAME		NAME	
ADDRESS		ADDRESS		ADDRESS		ADDRESS		ADDRESS	
VEHICLE YEAR		MAKE		MODEL		TYPE		STATE	
VEHICLE ID. NUMBER		VEHICLE INSURED		NAME OF INSURANCE CO.		REGISTRATION NUMBER		YEAR	
1ST AREA OF CONTACT		COMBINATION VEHICLE		EXTENT OF DAMAGE		AIR BAG SWITCH		TRAVEL DIRECTION	
1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		<input type="checkbox"/> VERY MINOR <input type="checkbox"/> SEVERE		<input type="checkbox"/> ON <input type="checkbox"/> NOT PRESENT		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	
1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		<input type="checkbox"/> MINOR <input type="checkbox"/> VERY SEVERE		<input type="checkbox"/> OFF			
1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		<input type="checkbox"/> MINOR/MOD <input type="checkbox"/> OTHER PROPERTY		ESTIMATED TRAVEL SPEED			
1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		<input type="checkbox"/> MODERATE <input type="checkbox"/> NO DAMAGE		BETWEEN & MPH			
1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		<input type="checkbox"/> MOD/SEVERE <input type="checkbox"/> UNKNOWN					
COMMERCIAL VEH. <input type="checkbox"/> Y <input type="checkbox"/> N		HAZ. CARGO <input type="checkbox"/> Y <input type="checkbox"/> N	HAZ. SPILL <input type="checkbox"/> Y <input type="checkbox"/> N	HAZ. CARGO CODE		TYPE CARGO/COMMODITY		NAS SAFETY REPORT #	
D <input type="checkbox"/> SINGLE		NO. AXLES		NO. TRAILERS		US DOT #		ICC MC #	
E <input type="checkbox"/> COMBINATION		2 3 4 5		6 7		0			
E <input type="checkbox"/> BOBTAIL		6 7 8		9 10					
GVWR TOTAL		MOTOR CARRIER NAME		CARRIER NAME SOURCE		CRASH AVOIDANCE (Fatal Only)		MOST HARMFUL EVENT	
MOTOR CARRIER ADDRESS		CARRIER NAME SOURCE		<input type="checkbox"/> DRIVER <input type="checkbox"/> SHIPPING PAPERS (TRUCK) OR TRIP MANIFEST (BUS)		<input type="checkbox"/> BRAKING (NO SKIDMARKS; DRIVER STATED)		0 0 0	
		CARRIER NAME SOURCE		<input type="checkbox"/> LOG BOOK <input type="checkbox"/> SIDE OF VEHICLE		<input type="checkbox"/> BRAKING (SKIDMARKS EVIDENT)		1 1 1	
		CARRIER NAME SOURCE		<input type="checkbox"/> SINGLE STATE REGISTRATION		<input type="checkbox"/> BRAKING (OTHER REPORTED EVIDENCE)		2 2 2	
		CARRIER NAME SOURCE				<input type="checkbox"/> NO AVOIDANCE MANEUVER REPORTED		3 3 3	
		CARRIER NAME SOURCE				<input type="checkbox"/> OTHER AVOIDANCE MANEUVER		4 4 4	
		CARRIER NAME SOURCE				<input type="checkbox"/> STEERING (EVIDENCE OR STATED)		5 5 5	
		CARRIER NAME SOURCE				<input type="checkbox"/> STEERING AND BRAKING (EVIDENCE OR STATED)		6 6 6	
NARRATIVE:		CARRIER NAME SOURCE						7 7 7	
		CARRIER NAME SOURCE						8 8 8	
		CARRIER NAME SOURCE						9 9 9	
VIOLATION CODES		CITATION NUMBER		CASE NUMBER		SUSPECTED DRINKING DRIVER <input type="checkbox"/> Y <input type="checkbox"/> N		METHOD OF DETERMINATION	
TEST OFFERED		CHEMICAL TEST: <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> BREATH <input type="checkbox"/> REFUSED		TESTED FOR: <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS		TAKEN BY		<input type="checkbox"/> FIELD SOBRIETY TEST <input type="checkbox"/> P.B.T. <input type="checkbox"/> OBSERVATION <input type="checkbox"/> OTHER	
INVESTIGATOR		I.D. NUMBER		BEAT OR POST NO.		SUPPLEMENT DATE		RESULTS	
								INVESTIGATION COMPLETE <input type="checkbox"/> YES <input type="checkbox"/> NO	
								PAGE OF PAGES	